

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Franklin
 Township 2
 City Kennett, Mo. (No. 1)

Registration District No. 288
 Primary Registration District No. 2406

File No. 37583
 Registered No. 1
 St. 8 Ward 1

2. FULL NAME

(a) Residence, No. Charles A. Burkley
 (Usual place of abode)

St. 8 Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Lee Burkley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5-1865

7. AGE YEARS 72 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME C. A. Burkley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Ellen Price (ADDRESS) Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE 7th St. N. E. DATE 10-18 1937

19. UNDERTAKER Wm. E. Zund (ADDRESS) Kennett, Mo.

20. FILED 10-18 1937 Thelma Davis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-17 1937, to 10-17 1937

I last saw him alive on 10-17 1937. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull caused by being struck with a motor vehicle.

Other contributory causes of importance:

sketch of coronary artery

Name of operation 716 Date of 716

What test confirmed diagnosis? 716 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 716 Date of injury 716 1937

Where did injury occur? 716 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 716

Nature of injury 716

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 716

(Signed) Wm. E. Zund

(Address) Kennett, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

